

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020,
SPONSORED BY LA VOICE ACTION

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1421304

STREET ADDRESS

CITY LOS ANGELES **STATE** CA **ZIP CODE** 90071

Date of This Filing 09/29/2020

Report No. 09292020

Amendment to Report No. _____
(explain below)

No. of Pages 1

2020 OCT 1 4:08 PM
PROPOSITION B UNIT

CALIFORNIA FORM 497

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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/28/2020	CALIFORNIA NURSES ASSOCIATION PAC (CNA-PAC) SACRAMENTO, CA 95814 Committee ID # 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		10,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____